MWR Rec Trac

Sponsor's Status		
Choose one of the following:		
X1 Active Duty Military		
X2 Retired Military		
X3 Spouse (Active Duty/Retired)		
X5 National Guard / Reservist		
X6 DOD Civilian		
X8 Non DOD Contractor (NCI / FC	CRDC / SAIC)	
X10 DOD Contractor		
PRIVACY ACT DATA: Disclosure of the	ne SSN & other persona	I information is solicited by authority of
section 3013, Title 10 United States Co	de. This information is r	nandatory if you wish to use MWR
facilities.		
Information supplied, including SSN's, i	is used to establish & m	aintain the numerical ID eystem of
patronage data. This form will be retain		•
immediately destroyed.	ied diffil illioithation is e	intered & verified, and then
ininediately destroyed.		
Please complete all information:		
Sponsor		
Name	Unit	
Address		
City	Male Female	
State		
Zip Code Date of Birth		
Home Phone		
Spouse Information		
Name		
SSN_	Date of Birth	
	Bato of Birtin	
Children's Names		
		SSN
		SSN
3M	IF Date of Birth	SSN
4M	IF Date of Birth	SSN